2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P98000108261

Entity Name: HAYS CASH DESIGN STUDIOS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
26119 TROON AVE MOUNT PLYMOUTH, FL 32776	

Current Mailing Address:	**New Mailing Address:**
26119 TROON AVE MOUNT PLYMOUTH, FL 32776	

FEI Number: 59-3554938   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CASH, PENNY 26119 TROON AVE MOUNT PLYMOUTH, FL 32776	HAYS, DOUG 26119 TROON AVE MOUNT PLYMOUTH, FL 32776

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DOUG HAYS   04/28/2004
_____   _____
             Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CASH, PENNY	Name:	
Address:	26119 TROON AVE	Address:	
City-St-Zip:	MOUNT PLYMOUTH, FL 32776	City-St-Zip:	

Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HAYS, DOUG	Name:	
Address:	26119 TROON AVE	Address:	
City-St-Zip:	MOUNT PLYMOUTH, FL 32776	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG HAYS   D   04/28/2004
_____   _____
             Electronic Signature of Signing Officer or Director   Date